

ISSUE SLIP STAPLE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		10-18-99
O.I.P.E. CLASSIFIER		11	10/29
FORMALITY REVIEW	Dm	72223	11-2-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/15/01
2	✓	✓	1/28
3	✓	✓	8/29/01
4	✓	✓	1/28
5	✓	✓	1/28
6	✓	✓	1/28
7	✓	✓	1/28
8	✓	✓	1/28
9	✓	✓	1/28
10	✓	✓	1/28
11	✓	✓	1/28
12	✓	✓	1/28
13	✓	✓	1/28
14	✓	✓	1/28
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49	✓	✓	1/28
50	✓	✓	1/28

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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